

# W-2 / 1099R REQUEST FORM

**MAIL TO:** City of Lincoln  
Finance Department/Payroll  
555 S 10th St Rm 103  
Lincoln NE 68508

Please reissue:

**Check One:** \_\_\_\_\_ WAGE AND TAX STATMENT (Form W-2)  
\_\_\_\_\_ Form 1099R

**TAX YEAR NEEDED (circle one):** 2004                      2003                      2002                      2001

Employee Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Employee Status: \_\_\_\_\_ Current employee                      \_\_\_\_\_ Former employee  
(**Check One**)

Employee Current Mailing Address:

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City    State    Zip Code

This W-2/1099R is requested for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Never Received  
Misplaced or Destroyed  
Incorrect Address on File  
Other (Explain) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Employee    Date

For Department Use Only:

W-2/Form 1099R reissued on: \_\_\_\_\_ Mailed on: \_\_\_\_\_

Processed by: \_\_\_\_\_